

Women/Maternal Health

State Action Plan Table (Hawaii) - Women/Maternal Health - Entry 1

Priority Need

Promote reproductive life planning

NPM

NPM 1 - Percent of women with a past year preventive medical visit

Objectives

By July 2020, increase the percent of women with a preventive medical visit in the last year to 65% (Baseline: 2013 BRFSS data 62.3%)

Strategies

Promote preconception health care visits (e.g. identify access barriers, community and provider education, public awareness)

Promote reproductive life planning (e.g. increase birth spacing, improve access to family planning)

Promote healthy behaviors (e.g. smoking cessation, decrease alcohol and substance use, maintain healthy weight, use of folic acid, chronic disease control)

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table (Hawaii) - Perinatal/Infant Health - Entry 1

Priority Need

Reduce the rate of infant mortality

NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

By July 2020, increase the percent of of infants who are ever breastfed to 94% (Baseline: 2011 NIS data 89.5%)

By July 2020, increase the percent of infants breastfed exclusively through 6 months to 28% (Baseline: 2011 NIS data 26.4%)

Strategies

Strengthen programs that provide mother-to-mother support and peer counseling.

Use community-based organizations to promote and support breastfeeding.

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Hawaii) - Perinatal/Infant Health - Entry 2

Priority Need

Reduce the rate of infant mortality

NPM

NPM 5 - Percent of infants placed to sleep on their backs

Objectives

By July 2020, increase the percent of infants placed to sleep on their backs to 82% (Baseline: 2011 PRAMS data 78.1%)

Strategies

Review birthing hospitals safe sleep policies.

Identify safe sleep competency training needs for birthing hospital professionals.

Develop appropriate and consistent parental education and general awareness safe sleep messages.

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Hawaii) - Child Health - Entry 1

Priority Need

Improve the percentage of children screened early and continuously age 0-5 years for developmental delay

NPM

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objectives

By July 2020, increase the percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool to 41% (Baseline: 2011-2012 NSCH data 38.9%)

Strategies

Systems Development - develop guidelines and a tool kit for early childhood providers and health professionals on the developmental screening, referral, and services system for children birth-5 years old, and provide trainings on these resources.

Family Engagement and Public Awareness - work with families and parent organizations to develop family-friendly material to support understanding of the importance of developmental screening.

Data Integration – develop an internal data sharing system which will be able to monitor # of children screened from Maternal and Child Health Branch (MCHB) Home Visiting Programs, Children with Special Health Needs Branch (CSHNB) Hi'iilei Program, Family Health Services Division (FHSD) Early Childhood Comprehensive Systems Impact (ECCS Impact) and number of referrals to Early Intervention Section (EIS), and number of children receiving services from EIS.

Policy and Public Health Coordination - develop within FHSD an infrastructure for developmental screening, referral, and services for children ages birth-5 in FHSD programs using a PPHC Rating Scale.

Social Determinants of Health and Vulnerable Populations – identify and support vulnerable populations as related to social determinants of health to target and outreach efforts for child screening and development.

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Hawaii) - Child Health - Entry 2

Priority Need

Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.

NPM

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objectives

By July 2020, reduce the rate of hospitalizations for non-fatal injuries in children aged 0-9 and 10-19 years to 142 per 100,000 population (Baseline: 148.9 in 2010)

Strategies

Raise awareness about the importance of safe and nurturing relationships to prevent child abuse and neglect.

Provide training and technical assistance to promote safe, healthy, and respectful relationships to prevent child abuse and neglect.

Collaborate on and integrate child wellness and family strengthening activities and programs.

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9 per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

Adolescent Health

State Action Plan Table (Hawaii) - Adolescent Health - Entry 1

Priority Need

Improve the healthy development, health, safety, and well-being of adolescents

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

By July 2020, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 86% (Baseline: 2011-2012 NSCH data 82.2%)

Strategies

Collaboration: Develop partnerships with key community stakeholders to develop strategies to improve utilization of adolescent well care visits.

Family Engagement and Public Awareness: Develop common messaging to describe the value of adolescent well care visit related to prevention and intervention for youth and parents.

Product Development: Disseminate medical home materials including the Adolescent Resource Toolkit (ART) as well as consumer materials on the reasons for and the methods to access adolescent preventive services.

Workforce Development: Increase resources, training and practice improvement support for adolescent health providers to provide teen-centered, well-care visits aligned to Bright Futures.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Children with Special Health Care Needs

State Action Plan Table (Hawaii) - Children with Special Health Care Needs - Entry 1

Priority Need

Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care.

NPM

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objectives

By July 2020, increase the percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care to 40% [Baseline: Hawaii 37.3%, National Survey of CSHCN (NSCSHCN) 2009/10]

Strategies

Incorporate transition planning into Children and Youth with Special Health Needs Section (CYSHNS) service coordination for CYSHNS-enrolled youths and their families.

Provide education and public awareness on transition to adult health care for children/youth with and without special health care needs, and promote the incorporation of transition into planning and practices, in collaboration with state and community partners.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

Cross-Cutting/Life Course

State Action Plan Table (Hawaii) - Cross-Cutting/Life Course - Entry 1

Priority Need

Improve the oral health of children and pregnant women.

NPM

NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Objectives

By July 2020, increase the percent of children, ages 1 through 17 who had a preventive dental visit in the past year to 87% (Baseline: 2011-2012 NSCH data 83.1%)

By July 2020, increase the percent of women who had a dental cleaning during pregnancy to 39% (Baseline: 2011 PRAMS data 37%)

Strategies

Develop program leadership and staff capacity

Develop or enhance oral health surveillance

Assess facilitators/barriers to advancing oral health

Develop and coordinate partnerships with a focus on prevention interventions

Develop plans for state oral health programs and activities

NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Hawaii) - Cross-Cutting/Life Course - Entry 2

Priority Need

Improve access to services through telehealth

Objectives

By July 2020, 100% of Title V programs use telehealth to provide services, education, and/or training.

Strategies

• Telehealth infrastructure development - Recruit staff from Title V programs and partners to form telehealth work group. - Develop and implement policies and procedures for telehealth in Title V programs. - Develop network of telehealth sites and personnel.

Workforce development - Develop curriculum to train staff on the use of telehealth - Implement training for staff - Continuously evaluate training to make improvements to curriculum - Implement long term follow-up of trainees to determine usefulness and use of training in their work

• Service Provision - Identify services to be provided using telehealth - Develop, implement, and evaluate pilot programs to implement telehealth for identified service - Expand successful pilot programs

• Education/Training - Identify education and training to be provided using telehealth. - Develop, implement and evaluate pilot programs to implement telehealth for identified education and training. - Expand successful pilot programs.

Priority Need

Improve family and consumer engagement in Title V Programs.

Objectives

By July 2020, increase the engagement of families and consumers in Family Health Services Division (FHSD) activities.

Strategies

- Work Together in Collaboration: - Identify priority focusing on Family and Consumer Engagement. - Convene agency and community stakeholders to develop strategies to increase family and consumer engagement in FHSD activities. Include families and consumers (youth) in the planning process. - Conduct inventory of programs where family and consumer engagement is being used. - Identify target programs that need family/consumer engagement. - Initiate Plan Do Study Act (PDSA) cycle for early adopters to evaluate engagement opportunities and process refinement. - Develop FHSD engagement guideline for use by all Title V Priority Areas.
- Provide Awareness and Education: - Develop educational materials to promote family engagement. - Provide opportunities for dissemination of educational materials promoting family engagement.
- Encourage Staff development: - Provide annual self-assessment to staff to determine their knowledge on family/consumer engagement. - Provide opportunities for staff to discuss family and consumer engagement. - Develop collateral materials for staff to use for family and consumer engagement.

State Action Plan Table (Hawaii) - Cross-Cutting/Life Course - Entry 4

Priority Need

Improve partner engagement in Family Health Services Division (FHSD).

Objectives

By July 2020, increase meaningful partnerships with FHSD Programs

Strategies

- Determine and Evaluate Outcomes of Meaningful Partnerships o Determine indicators and benchmarks of Meaningful Partnerships o Determine data collection needs and sources
- Work with Partners to Identify Best Practices o Convene partners to determine willingness to engage in the process of Meaningful Partnerships o Conduct Partner Assessment of FHSD Partner Engagement o Meet with partners to study and address successes, barriers, challenges
- Engage Staff to Support Meaningful Partnerships o Determine definition of meaningful partnerships o Develop self-assessment tool to measure partnerships o Identify programs to conduct Plan Do Study Act (PDSA) on Meaningful Partnerships